

# EXHIBIT 2

0 01

2 UNITED STATES DISTRICT COURT  
3 SOUTHERN DISTRICT OF WEST VIRGINIA  
4 AT CHARLESTON

5 RE: ETHICON, INC., PELVIC, ) Master File No.  
6 REPAIR SYSTEM PRODUCTS ) 2:12-MD-02327  
7 LIABILITY LITIGATION ) MDL 2327  
8 \_\_\_\_\_)

9 THIS DOCUMENT RELATES TO THE  
10 FOLLOWING CASES IN THE WAVE 1  
11 OF MDL 200:

12 TERI KEY and JOHN SHIVELY, ) Case No.  
13 Plaintiffs, ) 2:12-cv-00379  
14 vs. )  
15 ETHICON, INC., ET AL., ) JOSEPH R. GOODWIN  
16 Defendants. ) U.S. DISTRICT JUDGE  
17 \_\_\_\_\_/

18 VIDEOTAPED DEPOSITION OF NATHAN W. GOODYEAR, M.D.

19 March 3, 2016  
20 9:15 a.m. to. 3:30 p.m.  
21

22 TRACY IMAGING  
23 KNOXVILLE, TENNESSEE

24 Michele Faconti, RPR, LCR (667)

1           an approach to medicine that is more of an  
2           integrative approach to medicine rather than a  
3           management.

4           Q.     And so it's an organization. You're a  
5           member of that organization?

6           A.     I am not.

7           Q.     Okay. But you were asked to present for  
8           that organization?

9           A.     That's correct. That's correct.

10          Q.     And you've done that on a couple of  
11          occasions?

12          A.     Correct.

13          Q.     And what's the conclusion of your book?

14          A.     Well, to say there's one conclusion is  
15          really not appropriate. What it is, is it's simply  
16          a review of the literature, what is the causation of  
17          low testosterone in men.

18          Q.     And is that a focus -- obviously a focus  
19          of yours?

20          A.     Currently?

21          Q.     Yes.

22          A.     It's a part.

23          Q.     Okay. What are your other current  
24          focuses?

1                   A.     The majority of my clinical practice right  
2                   now is dealing with ladies.

3                   Q.     Okay. And when you say "dealing with  
4                   ladies," what does that mean?

5                   A.     That means it's a primary 60 percent  
6                   pelvic gynecological practice. It's an office-based  
7                   practice dealing with weight issues, dealing with  
8                   menopausal issues, perimenopausal, PCOS,  
9                   infertility, metabolic syndrome, hypertension,  
10                  diabetes.

11                  Q.     Are you doing surgery?

12                  A.     No.

13                  Q.     Why not?

14                  A.     Because my experience with everything  
15                  involved here with the mesh, I lost faith in the  
16                  collaboration between the businesses and physicians  
17                  in terms of honesty, trustworthiness of the  
18                  information relayed, and so I transitioned out of  
19                  that aspect of my practice.

20                  Q.     Okay. So you lost faith in the honest --  
21                  I'm sorry?

22                  A.     The ability to give us accurate  
23                  information as it relates to the literature. That  
24                  led to this book, which is I'm not going to take

1 something to blame.

2 Q. And if you're sued, does that mean that  
3 something's wrong, that you did something wrong?

4 A. Not necessarily.

5 Q. So that you don't guarantee outcomes to  
6 your patients?

7 A. I don't guarantee. I quote what the  
8 literature available tells us.

9 Q. I'm sorry?

10 A. I quote what the literature available to  
11 us tells us.

12 Q. The literature available. And based on --  
13 you just -- what's the literature --

14 A. IFUs, you know, collaboration with  
15 representatives from the company. Scientific  
16 literature. My expertise, my education, etcetera.

17 Q. Okay. So you are looking big picture and  
18 providing information to your patients. You're  
19 relying on IFUs. That would be instructions for use  
20 you may get from a manufacturer, you rely on what  
21 you learn from the manufacturer, you rely on your  
22 own experience, you rely on the literature --

23 A. Uh-huh.

24 Q. -- and what you learn from colleagues,

1           was a gentleman when I was in Louisiana, again,  
2           don't recall his name.

3           Q.     Now, did these individuals ever mislead  
4           you?

5           A.     I don't know.

6           Q.     Okay. I'm just trying to -- if you had  
7           concerns or that they misled you in any way?

8           A.     There was information that I started to  
9           question.

10          Q.     Okay. So did you ask them about the  
11           information?

12          A.     I asked them about some of the  
13           complications that I was having, yes.

14          Q.     And tell me about those complications.  
15           Erosion?

16          A.     The erosion.

17          Q.     And this is, again, just so I -- we're  
18           going back to the time you were at that conference  
19           in Salt Lake --

20          A.     Uh-huh.

21          Q.     -- and you were being told that the  
22           erosion rates were less than five percent at that  
23           conference, correct?

24          A.     That's correct.

1 Q. And that's by the company, by the  
2 Ethicon group?

3 A. That was by the people directing the  
4 meetings, the roundtables.

5 Q. Individuals from Ethicon?

6 A. Correct.

7 Q. This time frame, again, was in the 2005  
8 time period?

9 A. The meeting?

10 Q. Yes.

11 A. No, 2007.

12 Q. You did say that. 2007.

13 And you took issue with some of what they  
14 were saying and discussed that with some of your  
15 other colleagues?

16 A. Yes, correct, several of us took issues  
17 with it.

18 Q. Because your erosion rates were higher?

19 A. Correct.

20 Q. And you'd been seeing this for about, I  
21 think you said, six months before the time you  
22 appeared at that meeting in 2007?

23 A. You asked for an estimate, so I --

24 Q. Yeah, that's fair.

1                   Okay. So back to my questions about the  
2                   reps. Just I wondered if you had any specific  
3                   allegations about any of the reps that you dealt  
4                   with doing something that was inappropriate or  
5                   misleading you?

6                   A. Specific, no.

7                   Q. Okay. But you did from time to time  
8                   challenge them? If they told you something,  
9                   you'd challenge them?

10                  A. Yes.

11                  Q. And, for example, with erosion, and how  
12                  did they respond?

13                  A. So, for example, I can briefly vaguely  
14                  remember a conversation where, say, okay, I remember  
15                  him saying the erosion rates were X. My erosion  
16                  rates seemed to be running higher. What am I doing  
17                  through my surgical procedure that may do that? He  
18                  said, "Nothing. We send physicians to you to  
19                  train."

20                  Q. Okay.

21                  A. So --

22                  Q. All right. Now, you talked about around  
23                  300 Ethicon procedures that you've done over the  
24                  years?

1 A. Just --

2 Q. Approximately?

3 A. It's probably higher if you include  
4 residency in there. I was sticking at clinical.

5 Q. That's fair. And how many of these were  
6 you -- in how many of those 300 have you had  
7 complications?

8 A. That's -- that's hard to say.

9 Q. Okay.

10 A. Because if they didn't follow up, I don't  
11 know.

12 Q. Okay. Based on those who followed up?

13 A. Based on those who followed up that I'm  
14 aware of?

15 Q. Yes, sir.

16 A. Okay. Well, what's your definition of a  
17 complication?

18 Q. That's a good question. What is your --  
19 let's say complication. Let's say erosion.

20 A. As I told you, it's about 15 to  
21 20 percent.

22 Q. And this is, again, in what time period?

23 A. Basically from really starting in two --  
24 talked about 2006 sometime and beyond.

1 Q. All right. And then any other -- let's  
2 see.

3 Did you keep track of these complications,  
4 talking about the erosion right now?

5 A. I told the rep about them.

6 Q. But did you internally -- do you have any  
7 kind of documentation or objective data that would  
8 verify that?

9 A. That's what the medical charts are for.

10 Q. Right. Aside from your medical charts, do  
11 you have any compilation of the data where you've  
12 had a 15 to 20 percent erosion rate beginning in the  
13 2006 time period?

14 A. I didn't do an IRB-approved study, no.

15 Q. Even outside of an IRB, do you just have  
16 some data that you collected?

17 A. No, I just reported and let them --

18 Q. And you said "reported." Did you file  
19 adverse event reports?

20 A. No, I'd just tell the rep about it.

21 Q. Just told the rep.

22 Are you aware of any other patients that  
23 have filed lawsuits against Ethicon other than the  
24 four patients in this matter?

1           these cases and work with us as an expert; is that  
2           correct?

3           A.     That is correct.

4           Q.     Doctor, in the course of our interactions  
5           over the last several months, has anybody from my  
6           firm, including myself, tried to influence your  
7           opinions, direct your opinions or shape your  
8           opinions in any fashion?

9           A.     No.

10          Q.     Are your opinions as you express in this  
11          case yours?

12          A.     They are.

13          Q.     Okay. Now, Doctor, at all times that you  
14          performed surgery on the patients that are subject  
15          of our litigation, okay, were you board certified in  
16          OB/GYN at all times?

17          A.     Yes.

18          Q.     Okay. And when you performed those  
19          surgeries, you had a very active pelvic floor  
20          surgery practice?

21          A.     Yes.

22          Q.     Okay. Now, today in your current  
23          practice, do you still see female patients?

24          A.     I do.

1 Q. What percentage of your practice is female  
2 patients?

3 A. Roughly 60 to 70 percent.

4 Q. Okay. In that practice, do you do  
5 OB/GY -- or, excuse me, gynecological exams?

6 A. I do.

7 Q. And in those patients that you do  
8 gynecological exams, do you do non-surgical  
9 treatment of gynecological conditions that you find  
10 on examination?

11 MS. MOORE: Object to the form.

12 THE WITNESS: I do.

13 BY MR. KOTT:

14 Q. Okay. And the non-surgical treatments you  
15 do can involve medications, things of that nature?

16 A. That's correct.

17 MS. MOORE: Object to the form. Leading.

18 Q. Okay. Now, Doctor, in your current  
19 practice, what do you do when you have a patient  
20 that you find has a surgical problem, that needs  
21 surgical treatment, a lady comes in, has a  
22 gynecological problem, what do you do in that  
23 setting?

24 A. I refer them out.

1 Q. And you have doctors that you refer them  
2 to?

3 A. That's correct.

4 Q. Now, you were questioned at length about  
5 your CV and your qualifications in this case to give  
6 expert opinions; is that correct?

7 A. Yes.

8 Q. Were you ever questioned about any  
9 connection you had to Ethicon and your training that  
10 was done by Ethicon?

11 A. No.

12 Q. Okay. Were you, in fact, trained by  
13 Ethicon in their procedures?

14 A. I was.

15 Q. Okay. In addition to being trained by  
16 Ethicon, did Ethicon ever hire you to be an  
17 instructor and teach other doctors how to do these  
18 procedures?

19 A. Yes, they did.

20 Q. Okay. That's -- I'll withdraw that  
21 question.

22 A. Okay.

23 Q. Doctor, I'm going to hand to you a  
24 document.